

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003343

**Entity Name:** ORGANIZACION IGLESIA PENTECOSTAL LUZ Y VERDAD INC.**Current Principal Place of Business:**116 N 22ND ST  
HAINES CITY, FL 33844**Current Mailing Address:**116 N 22ND ST  
HAINES CITY, FL 33844 US**FEI Number: 86-2876222****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALBINO, ANGELO DR  
116 N 22ND ST  
HAINES CITY, FL 33844 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BURGOS, IVAN DR, MIN  
Address        116 N 22ND ST  
City-State-Zip: HAINES CITY FL 33844

Title            VICE P  
Name            BURGOS, JOSEPH PASTOR  
Address        116 N 22ND ST  
City-State-Zip: HAINES CITY 33844

Title            SECRETARY  
Name            GARCIAS, LILLIAN M DR, MIN  
Address        116 N 22ND ST  
City-State-Zip: HAINES CITY 33844

Title            SUB SECRETARY  
Name            ALBINO, JACKELINE PASTORA  
Address        116 N 22ND ST  
City-State-Zip: HAINES CITY 33844

Title            TREASURER  
Name            GRACIANI-FIGUEROA, ELYS PASTORA  
Address        116 N 22ND ST  
City-State-Zip: HAINES CITY 33844

Title            SUB TREASURER  
Name            MONTALVO, PRISCILA PASTORA  
Address        116 N 22ND ST  
City-State-Zip: HAINES CITY 33844

Title            VOCAL  
Name            GRACIANI, JONATHAN PASTOR  
Address        116 NORTH 22ND ST  
City-State-Zip: HAINES CITY FL 33844

Title            VOCAL  
Name            HERNANDEZ, FRANCISCO MIN  
Address        116 NORTH 22ND ST  
City-State-Zip: HAINES CITY FL 33844

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JACKELINE ALBINO****SECRETARY****03/07/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PRESBITERO/ PRESBYTER
Name	ALBINO, ANGELO PASTOR
Address	116 N 22ND ST
City-State-Zip:	HAINES CITY FL 33844